STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

RICA LEWIS-PAMON
EXECUTIVE DIRECTOR

December 28,2001

Centers for Medicare and Medicaid Services
Julie Everitt, Project Officer
7500 Security Boulevard
Mail Stop S2-14-26
Baltimore, MD 21244

RE: Mississippi Family Planning Waiver Application

Dear Ms. Everitt:

The State of Mississippi is responding to CMS' questions, dated September 25,2001, concerning the application for a Family Planning Waiver. Medicaid responses to questions appear in italics.

Executive Summary

1. Please define childbearing age.

According to the Alan Guttmacher Institute, childbearing age is women aged 13-44.

Goals and Obiectives

2. Page 4 - Do the estimates for the number of people financially eligible for family planning benefits at 185% of the FPL include those persons who are eligible under the State's current requirements?

Yes.

Women In Need

3. The State estimates that there are 162,010 women in need of subsidized family planning services. Yet, the waiver expects to enroll only 69,785 women. Please provide an explanation for the difference in these population numbers. How did the State arrive at the estimated number of enrollees? Will the remaining women receive services through Title X or other programs?

The 91,620 women 20-44 and 70,930 teens expected to be served is derived from the Alan

*Guttmacher Institute figures by a percentage of the poverty levels. The total number of women in need of subsidized Family Planning Services was determined to be **162,010** computed by adding **91,620** women age **20-44** and **70,930** teens. The number of women of childbearing age which are currently covered by Medicaid **(84,725)** was then subtracted from this figure. An additional **7,500** teenage women which is estimated to be covered by SCHIP were also subtracted from the total, resulting in **69,785** women in need of subsidized family planning services. The remaining women in need will be able to receive services from any Medicaid provider that provides family planning services.*

Eligibility and Duration

4. The State claims that DHS case workers will enroll and be responsible for informing women of the availability of the family planning services. What kind of training will be provided to these caseworkers to ensure that they have accurate information on the program and are appropriately informing eligible women?

Mississippi State Department of Human Services (DHS) case workers are already trained in income screening and intake forms are already in place because they currently certify Medicaid Pregnant Women in the State. Training will be provided by the Mississippi State Department of Health (MSDH) and Division of Medicaid (DOM) staff. Conferences, in-services, and workshops will be provided as training mechanisms for DHS staff to properly inform women of the availability of the new family planning services.

DOM will be the agency primarily responsible for enrolling adult women who seek only family planning services and who are not otherwise eligible for Medicaid. This effort will be centralized in the State Office by staff who will input the eligibility information into a system that will place eligibility on file that is limited to the receipt of family planning services only. Eligible women will be notified of the services available under family planning at the time they are notified of their approval under the waiver. Although eligibility will be input at a central location, workers throughout the state both in DHS and DOM will be trained on the process and the services available to eligible women.

5. The State indicates that the existing short application for pregnant women will be used as the application for the family planning waiver. Will this application be modified to reflect the new eligibility group? If not, what steps will be taken to ensure that women who are not pregnant but want the family planning services are not confused by the application?

Child-bearing eligible females, i.e., those currently eligible for Medicaid, will be

automatically enrolled in thefamily planning waiver with no separate application required. Eligible pregnant women who reach the end of their postpartum period of eligibility will be automatically enrolled in the waiver with no separate application required. Adult women seeking onlyfamily planning services who are not otherwise eligiblefor Medicaid coverage will submit a new short applicationform developed specificallyfor this waiver. The applicationform will advise that eligibility is limited to family planning services only.

6. What steps will be taken to ensure that women and teens applying for the family planning waiver will be screened for eligibility for Medicaid and SCHIP, and enrolled in Medicaid/SCHIP if found eligible, before being enrolled in the family planning waiver?

The newly developed shortform will have sufficient information to determine if an adult female could possibly qualifyfor Medicaid by assessing income information and household size and by asking questions regardingpregnancy and/or disability. The only Medicaid coverage available to non-pregnant adult women is limited to those who are disabled or are low-income women with dependent children. Any women deemed by DOM to be potentially eligiblefor Medicaid will be appropriately notified and mailed an applicationfor full Medicaid benefits. In the interim, these women will be placed in the family planning waiver.

7. What is the re-certification process? Will women be able to re-enroll by mail, or will they need to attend a face-to-face interview? What has the State done to simplify the re-enrollment process? What documentation will clients be required to provide?

No re-certification process will be requiredfor eligible women receivingfamily planning services only. Women and teens who are otherwise eligiblefor Medicaid currently undergo an annual review of eligibility. Any that lose eligibilityfor Medicaid will be eligible toparticipate in the waiver if their income allows. Applications will be available at thefamily planning provider's facility.

8. Page 9 - Will there be any income redetermination during the duration of the five year project?

No, notfor those automatically enrolled in the waiver (pregnantwomen who lose eligibility at the end of theirpostpartumperiod) norfor those eligibleforfamily planning services only.

Services

9. Please describe the State's existing administrative and service delivery system.

The Division of Medicaid provides a statewide system of medical assistance, health care, remedial and institutional services under Titles XIX and XVIII of the Social Security Act. In partnership with the Department of Human Services and the Department of Rehabilitation Services, the Division identifies and enrolls Medicaid eligible persons. The State Department of Health and the Department of Mental Health serve as providers of services to Medicaid eligibles. The Division of Medicaid works with these two agencies to identify Medicaid eligible pregnant women and children. With out-stationed workers in FQHCs, DSH hospitals and Health Department Clinics, the Medicaid agency will utilize these service providers to identify Medicaid eligible pregnant women and teens.

Medicaid is the only public health insurance program in the state of Mississippi for children. Health services are provided in Mississippi to Medicaid enrolled eligibles by private physicians, 82 Mississippi County Health Department clinics operating at 110 sites, 22 FQHCs, newly-funded school health nurses, and several Indian Health Service Clinics. The Department of Mental Health provides mental health services through their Community Mental Health Clinics on a sliding scale fee arrangement based upon the patient's declared income.

10. Please provide a comprehensive list of the CPT, ICD-9 CM, HCPCS and local codes that will be used to bill for family planning services under this waiver.

See Attachment I.

11. The State indicates that it will provide care coordination services to high-risk and at-risk women enrolled in the waiver. However, the proposal does not provide adequate detail about these services. What will these services entail? Who will provide them? How will high-risk women be identified? Who will identify them? If the people responsible for identifying high-risk women are different from those providing the care coordination services, how will they coordinate with one another and share information?

Family planning care coordination services will be provided by Mississippi State Department of Health (MSDH) staff to MSDH patients only. Private providers who provide family planning services will be responsible for providing their own care coordination services. MSDH staff will assess the risk status of all waiver patients seen at local health departments, The assessment will be completed by a review of the patient's medical record and/or the administration of a high-risk screening tool developed by the MSDH. All patients are assessed individually. Some factors that would identify a woman as high risk include having four or more pregnancies, having inter-pregnancy intervals of less than two years, having a history of premature births, low birth weight babies or fetal deaths, a history of abortion, a substance use/abuse problem, domestic abuse, history of mental health problems, HIV infection, previously identified

genetic disorder, a health risk factor that would impact negatively on pregnancy, or low educational attainment that interferes with the woman's ability to understand and/or implement family planning methods. Once identified as clients with high risk, they will be referred to the PHRM program. If not eligible for PHRM, they will be entered into a family planning automated tracking system.

Quality Assurance

12. The State should be commended for including a quality assurance component in the waiver. The inclusion of this component demonstrates a real commitment on the part of the State to ensure that women enrolled in this program receive high quality care.

13. Under Goal One - Has the State conducted any assessments of the existing family planning provider network to determine if it is sufficient to meet the expected needs under the waiver? Does the State have any plans to recruit additional providers to participate in the waiver?

The State has conducted an assessment of the existing family planning providers and determined that there is a sufficient number of providers to meet the needs of the waiver. DOM will continue to seek to enroll additional providers such as nurse practitioners, physician assistants, etc.

14. Under Goal Two - The State indicates that providers will be reviewed for their use of risk assessment screening and case planning forms. Are these forms/procedures currently in use for the Title X population? If not, how does the State plan to educate providers as to their use and importance?

Risk assessment screening forms/procedures are available through the Title X clinics. Every opportunity will be made available to educate providers as to their use and importance during the training and marketing of the services available through the waiver process.

15. Under Goal Four - Will the State take any extra steps to inform beneficiaries of their complaint and grievance rights, including the procedures they need to follow to file a complaint or grievance?

The following statement will be included on the initial application or the approval notice. Also, the Mississippi Family Planning Waiver Program Complaint/Grievance Procedures are included as Attachment II.

If you have any complaints or grievance regarding the quality of health care, access to care and/or covered services of the program you may file your complaint/grievance with

the agency listed below:
Provider/Beneficiary Relations Bureau
Office of the Governor, Division of Medicaid
***239** North Lamar Street*
*Suite **801,** Robert E. Lee Building*
*Jackson, MS **39201-1399***
*Telephone: **1-800-421-2408** or **601-359-6050***

16. What plans does the State have for training providers, especially private providers, about the new program? How will outreach and care coordination efforts be coordinated with private providers?

Providers will be notified about the new program via an article in the monthly Medicaid provider bulletin. Information about the new program will be available on the DOM web site. Included in the information will be information about who is eligible for the program, the services they are eligible to receive, and how providers can enroll eligible persons. Medicaid provider representatives will have information about the program which will be shared on routine provider visits and as assistance is requested.

Evaluation

17. Please clarify exactly who will be conducting the evaluation.

An effective quality measurement system includes the specific outcomes and process standards desired of the services being evaluated. Outcome measures include service utilization and compliance with clinical practice guidelines. The Division of Medicaid will be able to identify service utilization through the collection of data through our Medicaid Management Information Retrieval System (MMIRS). MMIRS is capable of providing the Division's staff with comprehensive demographic data on family planning services, claims history, provider trends and service utilization.

We are also proposing to contract with Jackson State University to provide expertise and select the most appropriate evaluation methodology for this project.

18. In order to achieve the goal of establishing a causal link between the family planning waiver and improved pregnancy-related outcomes, the State should keep in mind the importance **of** controlling for other state-wide activities in its evaluation design. Underlying this concern is the fact that the evaluation will be a useful tool for state and other researchers only if the findings are considered valid. For instance, regarding hypothesis #2 (the expansion will lead to an increase in the number of persons obtaining publicly funded family planning services in Mississippi), the State should control for other sources (emergency rooms, free clinics, etc.) through which women may receive

birth control aside from the Medicaid waiver program. Also, regarding hypothesis #8 (the expansion will promote improved health outcomes and normal birth weights), the State should be sure to acknowledge and control for other sources through which low-income women can receive prenatal care and subsequent improved birth outcomes.

The Division will work with the research organization to design an evaluation plan that will incorporate all data available regarding family planning services to ensure the tool is useful.

19. There are several data collection issues related to hypothesis #1 (the expansion will increase the number of women consistently utilizing the chosen family planning method) that the State should clarify: 1) How will the PIMS data system keep track of client's family planning method utilization? 2) Is it updated through provider data, or through self-reported client data? 3) If it is a self-reporting data source, what safeguards are in place to ensure data validity? **4)** How will utilization consistency be defined? 5) Is it consistent use of a particular method, or is it consistent use of family planning over a period of time? and 6) Will the PIMS capture the fact that women might not be satisfied with their original choice of birth control and may make several changes before settling on a certain method?

The Division will work with the research organization to determine the best method of data collection.

Budget Neutrality

20. The budget neutrality worksheet holds costs constant for all five years of the waiver. These costs should be adjusted for inflation.

A revised budget neutrality worksheet labeled Attachment 111 reflects the cost adjusted for inflation.

21. Does the State expect that enrollment trends will stay constant?

Yes, the State does project that the service delivery system will remain constant.

Key Assumptions

22. Page 20 - You have stated on page **4** that the project will offer benefits to approximately 69,785 women per year, but on page 20 under key assumptions, you state that, "The number of clients who can be served annually with current project funding is 96,751." According to page 6, 96,751 is also the number of people served under Title X in 1999. Please explain what the difference is between the two numbers, and how many people

will be served under the waiver. What portion of all those eligible for family planning will be served?

The 69,785 women are those that Medicaid family planning benefits will be expanded to. The 96,751 are the number of women who were served annually with Title X funding which represents a reasonable portion of the eligible population, women with incomes at or below 185% of poverty. Many clients in the eligible population are currently served by the Title X program.

23. Page 20 - Cost per client. On page **3** the State says that, "the average annual Medicaid family planning expenditure per recipient was **$242.55** in **1999."** If so, why are you now estimating an average cost of **$200** per client for the waiver?

A revised budget worksheet is attached reflecting the adjustment of $242.55 Medicaid family planning expenditure per recipient.

24. Page **20** - Births averted. Please provide the source of your estimate and assumptions that **6%** of current clients will avert an unintended birth as a result of this project. Please provide at least two years of historical data in order to justify this rate.

Several sources as noted below estimate that the approximate ratio of births averted to family planning clients served is 1 to 10, or 10%. We have adjusted our estimate downward from this to reflect the fact that some of the expansion clients may have been receiving services elsewhere prior to the expansion. It is estimated that 6% or 4,187 of our clients will avert an unintended birth each year. Our estimate is a reasonable goal in light of the number of unintended births in Mississippi's target population.

The sources used:
Forrest, Jacquline Darroch and Singh, Susheela, "Public Sector Savings Resulting from Expenditures for Contraceptive Services", *Family Planning Perspectives,* vol. **22,** no. **1,** January/February **1990.**

Forrest, Jacquline Darroch and Samara, Renee, "Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures", *Family Planning Perspective,* vol. **28, no.5,** September/October **1996,** pages **188-195.**

Trussel, James, et al., "Economic Value of Contraception: A Comparison of Fifteen Methods", *American Journal of Public Health,* vol. **85,** no. **4.,** April **1995,** pages **494-503.**

In response to other comments made concerning primary care requirements we offer the following information.

25. States should work with their Primary Care Associations to facilitate access to primary care services and should provide CMS with a letter based on the discussions that indicates the Primary Care Association's understanding and support of the process for referring participants to FQHCs/RHCs for primary care services.

See Attachment IV.

26. The State must verify that FQHCs have the capability to serve this population. They must also provide a copy of the geographic breakdown of FQHCs in order to assure that there is adequate access to FQHCs.

In reference to the primary care requirements and the capability of the FQHCs to serve this population, please refer to Attachments V and VI. Attachment V shows the total number of medical and dental users, total encounters, and the number of physicians and mid-level providers for each community health center. Each of these community health centers is experienced with providing services to uninsured, underinsured, and Medicaid populations, as well as to some with private insurance resources. Any additional clients realized as a result of the referral process can be accommodated.

Attachment VI is a map of the state depicting the location of the community health centers. The centers are located throughout the state, and many have satellite clinics to provide greater access to care in their respective catchment areas.

27. Any written materials that family planning providers or the State supplies to clients should include information on how to access primary care services at FQHCs. These materials should include a list of primary care providers (FQHCs), their locations, and phone numbers. States should provide a copy of these materials to CMS.

Each family planning provider will be given a directory of the community health centers with locations and phone numbers for each clinic to be utilized for the referral process. This directory is included as Attachment VII.

28. Any oral counseling that the family planning clients receive needs to include an explanation of how they may access primary care services at their nearest FQHC, and provide the location and phone number of the nearest facilities. The State must describe how this requirement will be fulfilled.

A memorandum from the Division of Medicaid will sent to every family planning provider, along with the directory of community health centers. This memorandum will instruct providers about the referral process to the FQHCs for primary care services. Providers may utilize the directory to provide information on locations and phone numbers of the nearest FQHCs.

29. The State should provide an explanation of how they will evaluate or assess the impact of providing referrals for primary care services. For example, any focus groups or surveys of the clients should include an component that looks at this feature of the program.

The Division will work with the research organization to design an evaluation plan that will incorporate all data available regarding family planning services to ensure the tool is useful.

Inquiries related to the above may be forwarded to Bo Bowen, Deputy Administrator for Health Services at **(601) 359-6134.**

Sincerely,

RLP/BB/pdw

enclosures

pc: Terrie Morris, Atlanta RO
Bo Bowen, Deputy Administrator

Attachment I

Family Planning Services Codes

Activity	CPT	icd-9
Family Planning, General		
Urine Culture	87086	V81.6
Norplant, Insertion	11975	V25.40
Norplant, Removal	11976	V25.40
Norplant, Removal with Reinsertion	11977	V25.40
Levonrgestal (contraceptive) Implants System	A4260	V25.40
Cervical cap for contraceptive use	A4261	V25.40
Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	S4989	V25.40
Intrauterine Copper Contraceptive	57300	V25.40
Depo Provera	51055	V25.40
Lunelle	51056	V25.40
Serum Preg. Test	84702	V72.40
Urine Preg. Test	81025	V72.40
Cholesterol	82465	V25.40
HDL Chol.	83718	V25.40
Herpes Cultures	87207	V25.40
Initial Visit		
MD/NP Initial	99203	V25
MD/NP Extensive	99213	V25
Rubella Screen	86762	V25.40
Sickle Cell Test	85660	V78.2
Gonorrhea Cult	87081	v74.5
RPR	86592	v74.5
Blood Glucose-Clinic	82948	V25.40
Blood Glucose - Lab	82947	V25.40
CBC w/Platelets	85025	V78.0
Chlamydia	87490	V73.88
G/C	87590	V74.5
GTT-3 Specimen	82951	V25.40
GTT>3 Specimen	82952	V25.40

Annual **Visit**

MD/NP Extensive	**99213**	**V25**
Rubella Screen	**86762**	**V25.40**
Sickle Cell Test	**85660**	**V78.2**
Gonorrhea Cult	**87081**	**v74.5**
RPR	**86592**	**v74.5**
Blood Glucose-Clinic	**82948**	**V25.40**
Blood Glucose - Lab	**82947**	**V25.40**
CBC w/Platelets	**85025**	**V78.0**
Chlamydia	**87490**	**V73.88**
G/C	**87590**	**v74.5**
GTT-2 Specimen	**82950**	**V25.40**
GTT-3 Specimen	**82951**	**V25.40**
GTT>3 **Specimen**	**82952**	**V25.40**

Follow-Up

MD/NP **Brief**	**99212**	**V25**
MD/NP Extensive	**99213**	**V25**
Gonorrhea Cult	**87081**	**v74.5**
RPR	**86592**	**v74.5**
Blood Glucose-Clinic	**82948**	**V25.40**
Blood Glucose - Lab	**82947**	**V25.40**
CBC w/Platelets	**85025**	**V78.0**
Chlamydia	**87490**	**V73.88**
G/C	**87590**	**v74.5**

Mississippi Family Planning Waiver Program
Complaint/Grievance Procedures

Informal Complaints are verbal statements by an enrollee or his/her representative which express dissatisfaction with quality of care, access to care and/or covered services of the program and may require a resolution. Informal complaints are from telephone calls and are resolved informally and immediately. Calls received by the Beneficiary Relations Staff that cannot be resolved immediately are referred to the Beneficiary Relations Division Director for handling or referred to the appropriate Agency Staff for handling. Calls received by Division of Medicaid are handled immediately and informally by Beneficiary Relations Staff.

Formal Complaints are written statements received from a beneficiary or hisiher representative which express dissatisfaction with quality of care, access to care and/or covered services of the program and may require a resolution. Formal complaints are received in writing by the DOM Beneficiary Relations Division Director. If received by the DOM Beneficiary Relations Staff, the complaint is forwarded to the DOM Beneficiary Relations Division Director. After the DOM Beneficiary Relations Staff reviews the complaint a response regarding how the complaint was resolved is sent in writing within ten (10) working days to the beneficiary.

Grievances are formal actions which are usually undertaken after attempted resolution of the informal or formal complaint fails. Grievances are received in writing by the DOM Beneficiary Relation Division Director. After the DOM Beneficiary Relations Staff reviews the grievance a response regarding the decision is sent in writing within ten (10) working days to the beneficiary.

An appeal of the grievance decision may be made by writing within ten (10) working days of the receipt of the decision letter to:

Executive Director
Division of Medicaid
Robert E. Lee Building, Suite 801
239 North Lamar Street
Jackson, MS 39201-1399.

Appeal of Decision

Upon receipt of the written appeal, the Executive Director will appoint a hearing officer to review the complaint/grievance record, gather additional information if necessary, provide the recipient and others, as appropriate, an opportunity to state their positions. The Hearing Officer will make a recommendation for resolution of the grievance to the Executive Director. The Executive Director will render a final decision in writing within 60 working days of receipt of the written request for appeal. The decision made by the Executive Director is final, subject to appropriate judicial review.

DOM Beneficiary Relations Staff will maintain a log for informal complaints, grievances, and appeals. The log for informal complaints and formal complains will include the date the complaint was received and from whom, the nature of complaint, date complaint resolved and resolution, was grievance filed, and name of Beneficiary Relations staff who handled the complaint. The log for grievances will include the date the complaint was received and from whom, type of complaint, date of written response, date of receipt of written appeal, date of written final decision, location of documentation and name of Beneficiary Relations staff who handled the grievance.

Mi∃sis∃ippi Family Plan⊃ing Waiver Program ᔕg for Informal Complaints

⊃≍te Received	Name of Complainant and Medicaid Number	Type of Complaint	⊃≍te Reso ved ⊏⊐ Resolution	Grievance Filed Yes/No	Handled By

Mississippi Family Planning Waiver Program Log for Formal Grievances

Date Received	Name of Complainant and Medicaid Number	Type of Complaint	Date of Written Response	Date Written Appeal Received	Date of Written Response of Final Decision	Location of Documentation	Handled By

Mississippi Family Planning Waiver program Log for Formal Complaints

Date Received	Name of Complainant and Medicaid Number	Type of Complaint	Date Resolved and Resolution	Grievance Filed Yes/No	Handled By

ATTACHMENT III

Budget Neutrality Worksheet for Mississippi

FEDERAL COSTS

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
WITHOUT WAIVER						
Deliveries						
Per Capita(77%)	$ 2,380	$ 2,380	$ 2,380	$ 2,380	$ 2,380	
Persons	17,000	17,000	17,000	17,000	17,000	
Total	$ 40,460,000	$ 40,460,000	$ 40,460,000	$ 40,460,000	$ 40,460,000	FA 202,300,000
Infant Health Care						
Per Capita(77%)	$ 1,454	$ 1,454	$ 1,454	$ 1,454	$ 1,454	
Persons	17,000	17,000	17,000	17,000	17,000	
Total	$ 24,718,000	$ 24,718,000	$ 24,718,000	$ 24,718,000	$ 24,718,000	FA 123,590,000
TOTAL Without Waiver	$ 65,178,000	$ 65,178,000	$ 65,178,000	$ 65,178,000	$ 65,178,000	$ 325,890,000
WITH WAIVER						
Expanded FP Service						
Administration (50%)	$ 50,000	FA 50,000	$ 50,000	$ 50,000	$ 50,000	$ 250,000
Systems Changes (75%)	$ 15,000	FA 3,750	$ 3,750	$ 3,750	$ 3,750	$ 30,000
Subtotal	$ 65,000	FA 53,750	$ 53,750	$ 53,750	$ 53,750	$ 280,000
Per Capita (90%)	FA 218.25	FA 223.20	FA 230.40	$ 239.00	$ 247.00	
Persons	55,246	69,785	69,785	69,785	69,785	
Subtotal	FA 12,057,439	FA 15,576,012	FA 16,078,464	$ 16,678,615	$ 17,236,895	$ 77,627,425
Total	FA 12,122,439	FA 15,629,762	$ 16,132,214	$ 16,732,365	$ 17,290,645	$ 77,907,425
Deliveries						
Per Capita (77%)	FA 2,380	$ 2,380	FA 2,380	$ 2,380	$ 2,380	
Persons without Wavier	17,000	17,000	17,000	17,000	17,000	
Averted Births	-0-	(3,315)	(4,187)	(4,187)	(4,187)	
Total	$ 40,460,000	$ 32,570,300	FA 30,494,940	FA 30,494,940	FA 30,494,940	FA 164,515,120
Infant Health Care						
Per Capita (77%)	$ 1,454	$ 1,454	FA 1,454	$ 1,454	$ 1,454	
Persons without Wavier	17,000	17,000	17,000	17,000	17,000	
Averted Births	-0-	(3,315)	(4,187)	(4,187)	(4,187)	
Total	$ 24,718,000	$ 19,897,990	$ 18,630,102	FA 18,630,102	$ 18,630,102	$ 100,506,296
TOTAL With Wavier	$ 77,300,439	$ 68,098,052	$ 65,257,256	FA 65,857,407	$ 66,415,687	$ 342,928,841
DIFFERENCE	(12,122,439)	$ (2,920,052)	$ (79,256)	$ (679,407)	$ (1,237,687)	$ (17,038,841)

Budget Neutrality Worksheet for Mississippi

All COSTS

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
WITHOUT WAIVER						
Deliveries						
Per Capita	$ 3,091	$ 3,091	$ 3,091	$ 3,091	$ 3,091	
Persons	17,000	17,000	17,000	17,000	17,000	
Total	$ 52,547,000	$52,547,000	$52,547,000	$ 52,547,000	$ 52,547,000	$ 262,735,000
Infant Health Care						
Per Capita	$ 1,888	$ 1,888	$ 1,888	$ 1,888	$ 1,888	
Persons	17,000	17,000	17,000	17,000	17,000	
Total	$ 32,096,000	$ 32,096,000	$ 32,096,000	$ 32,096,000	$32,096,000	$ 160,480,000
TOTAL Without Waiver	$ 84,643,000	$ 84,643,000	$ 84,643,000	$ 84,643,000	$ 84,643,000	$ 423,215,000
WITH WAIVER						
Expanded FP Service						
Administration	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 500,000
Systems Changes	$ 20,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 40,000
Subtotal	$ 120,000	$ 105,000	$ 105,000	$ 105,000	$ 105,000	$ 540,000
Per Capita	$ 242.50	$ 248.00	$ 256.00	$ 265.00	$ 274.00	
Persons	55,246	69,785	69,785	69,785	69,785	
Subtotal	$ 13,397,155	$ 17,306,680	$ 17,864,960	$ 18,493,025	$ 19,121,090	$ 86,182,910
Total	$ 13,517,155	$ 17,411,680	$ 17,969,960	$ 18,598,025	$ 19,226,090	$ 86,722,910
Deliveries						
Per Capita	$ 3,091	$ 3,091	$ 3,091	$ 3,091	$ 3,091	
Persons without Wavier	17,000	17,000	17,000	17,000	17,000	
Averted Births	-0-	(3,315)	(4,187)	(4,187)	(4,187)	
Total	$ 52,547,000	$ 42,300,335	$ 39,604,983	$ 39,604,983	$ 39,604,983	$ 213,662,284
Infant Health Care						
Per Capita	$ 1,888	$ 1,888	$ 1,888	$ 1,888	$ 1,888	
Persons without Wavier	17,000	17,000	17,000	17,000	17,000	
Averted Births	-0-	(3,315)	(4,187)	(4,187)	(4,187)	
Total	$ 32,096,000	$ 25,837,280	$ 24,190,944	$ 24,190,944	$ 24,190,944	$ 130,506,112
TOTAL With Wavier	$ 98,160,155	$ 85,549,295	$ 81,765,887	$ 82,393,952	$ 83,022,017	$ 430,891,306
DIFFERENCE	(13,517,155)	$ (906,295)	$ 2,877,113	$ 2,249,048	$ 1,620,983	$ (7,676,306)

ATTACHMENT IV

MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION

6400 Lakeover Road / Suite A / Jackson, MS 39213 / (601)981-1817 / Fax (601)981-1217

Executive Director:
ROBERT M. PUGH, MPH
Email: rmpugh@mphca.com

December 14,2001

Julie Everitt, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-14-26
Baltimore, Maryland 21244

Dear Ms. Everitt:

The Mississippi Primary Health Care Association, Inc. (MPHCA), is a membership organization representing the state's community health centers (CHCs) and other community based health care providers. Currently, there are 21 community health centers and one FQHC Look-A-Like in Mississippi. These centers operate 75 satellite clinics across the state. CHCs provide comprehensive services including medical care, health education and promotion, health assessments and screenings, pharmaceuticals, laboratory, X-ray services, preventive dental care, and transportation depending on client and community needs. Community health centers provide these services in medically underserved rural and urban communities.

It is my understanding that the Mississippi Office of the Governor, Division of Medicaid, has requested a Medicaid 1115 family planning waiver that would allow the State of Mississippi to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185% of the Federal poverty level who would not otherwise qualify for Medicaid. Certainly, the MPHCA is in support of this waiver, as well as the Division's referral process for participants to community health centers for primary care services. MPHCA stands ready to offer technical assistance to the Division to facilitate its referral process, if needed, and the member organizations are ready to provide primary care services to these participants.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

/S/

Robert M. Pugh, MPH
Executive Director

RMP/vmn

ATTACHMENT V

840 East River Place, Suite 610
Jackson, MS 39207
Phone: 601-352-2502

Quick Facts

As of March 2001 • Next Update: May 2001

Community Health Center	Medical Users	Dental Users	Total Users	No. of Physicians	No. of Mid-Levels	Total Encounters
Aaron E. Henry CHC	9,296	0	10,257	4.45	4.75	38,719
ACCESS Family Health Services	5,111	1,385	6,496	2.50	1.20	17,583
Amite County Medical Services	1,961	1,061	3,022	1.10	0.00	8,620
Claiborne County Family Health Center	3,431	0	3,431	1.90	1.00	11,855
Coastal Family Health Center	18,932	3,520	22,452	9.52	6.67	79,211
Delta Health Center	11,079	1,818	13,229	4.34	4.54	65,636
East Central MS Health Center	7,673	1,340	9,013	3.35	2.38	26,976
Family Health Care Clinic	32,566	1,674	34,240	11.30	2.25	61,375
Family Health Center	9,467	0	11,303	7.38	1.85	44,570
G.A. Carmichael Family Health Center	15,137	5,431	25,928	6.58	5.28	67,478
Greater Meridian Health Center	12,841	2,421	15,262	7.58	2.00	40,304
Greene Area Medical Extenders	3,960	940	4,900	1.50	1.00	13,260
Jackson-Hinds Comprehensive Health Center	26,945	6,331	35,621	8.31	10.66	93,278
Jefferson Comprehensive Health Center	4,407	2,189	6,596	2.36	0.63	18,360
Mallory Community Health Center	4,598	0	4,675	2.20	0.00	10,592
North Benton County Health Care	8,788	0	8,788	3.00	1.00	25,486
Northeast MS Health Care	8,421	1,558	9,979	3.10	3.08	24,901
Outreach Health Services	2,491	21	2,512	1.63	0.47	8,170
Southwest Health Agency for Rural People	3,609	1,053	4,803	3.75	1.00	24,034
Southeast MS Rural Health Initiative	14,396	0	14,396	5.91	6.88	46,097
TOTALS	**205.109**	**30.742**	**246903**	**91.76**	**56.64**	**726,505**

Mississippi Community Health Centers
Main Site and Satellite Locations

1. Northeast Mississippi Health Care
2. North Benton County Health Care
3. Aaron E. Henry Community Health Ctr.
4. Delta Health Center
5. ACCESS Family Health Services
6. Mallory Community Health Center
7. G.A. Carmichael Family Health Center
8. Jackson-Hinds Comp. Health Ctr.
9. Family Health Care Clinic
10. East Central MS Health Care
11. Greater Meridian Health Clinic
12. Claiborne County Family Health Ctr.
13. Jefferson Comprehensive Health Ctr.
14. Outreach Health Services
15. Southeast MS Rural Health Initiative
16. Family Health Center
17. Amite County Medical Services
18. SHARP Family Care Center
19. Greene Area Medical Extenders
20. Coastal Family Health Center
21. Mantachie Clinic